



## 2011-2012 Sliding Scale Fee Application

The City of Woodburn and the Woodburn School District recognize that some residents require reduced fees in order to participate in After School Club. A limited number of reduced fee enrollments are available for those who qualify.

### To Apply:

- Completed Application
- Tax Return (1040)

### Return to:

City of Woodburn  
Community Services Dept  
270 Montgomery St  
Woodburn, OR 97071

### Sliding Scale Fees:

	<u>Regular Fee</u>	<u>Reduced Fee</u>
<b>Per Term</b>	\$100	\$50
<b>Full Year</b>	\$275	\$125

Reduced fees are only available for qualifying families. A maximum of 20 reduce fee enrollments are available per school site.

Participant(s) Name: \_\_\_\_\_ Date(s) of Birth: \_\_\_\_\_  
 Participant(s) Name: \_\_\_\_\_ Date(s) of Birth: \_\_\_\_\_  
 Participant(s) Name: \_\_\_\_\_ Date(s) of Birth: \_\_\_\_\_  
 Participant(s) Name: \_\_\_\_\_ Date(s) of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Your child/children will attend which school site: \_\_\_\_\_ **Start Date:** \_\_\_\_\_

Father's Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Number of children living at home: \_\_\_\_\_ Number of adults in household: \_\_\_\_\_  
 Participant's Ethnicity (for grant tracking purposes): \_\_\_\_\_

**TOTAL YEARLY INCOME (MUST SUPPLY FEDERAL TAX FORM - 1040):** \_\_\_\_\_

If special circumstances exist, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Date**

FOR  
OFFICE  
USE ONLY

**DATE RECEIVED:** \_\_\_\_\_ **DATE APPROVED:** \_\_\_\_\_  
**TERM:** \_\_\_\_\_  
**MANAGER SIGNATURE:** \_\_\_\_\_

**APPROVED PROGRAM FEE: \$** \_\_\_\_\_